
Subcontractor Evaluation Form- Service

Subcontractor Name: _____

S/C Number: _____

D/S _____

Date _____

Areas of Evaluation	Elements to Consider	Grade
A) Environment, Safety and Health	<ul style="list-style-type: none">• Accident and injury record on this job• Adherence to company safety program• Adherence to the hazard analysis document• Mandatory training completed• Training records management• Compliance with safety standards, rules and regulations during field work activities• Observations of work activities• Use of PPE when needed	<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
B) Performance and Quality	<ul style="list-style-type: none">• Adequate supervisory oversight and-in-process inspections• Completes contracted work on time, and within the required acceptable quality standard. Strives for continuous improvement. Accepts change willingly.• Determines level of customer satisfaction and reacts accordingly• Quality work process records management• Provides documentation as required for all work scope changes-	<input type="checkbox"/> Exceptional Performance <input type="checkbox"/> Adequate performance <input type="checkbox"/> Marginally acceptable performance. <input type="checkbox"/> Not recommended for future work consideration

Would you like to have a letter of recognition be sent to this subcontractor? YES ☐ NO ☐

Remarks: _____

Name

Title

Signature

Distribution: Contract Administrator, Requisitioner, File

ESH Admin Form #15

05/2000